

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

IN RE	*	BKRTCY. NO. 15-08811 MCF
TILZA KAMALISH SANTOS SIERRA	*	CHAPTER 7
<u>DEBTOR</u>	*	

**DEBTOR'S NOTICE OF FILING OF AMENDED SCHEDULES "I" & "J"  
(OFFICIAL FORMS 106I & 106J)**

**TO THE HONORABLE COURT:**

**COMES NOW, TILZA KAMALISH SANTOS SIERRA**, the debtor in the above captioned case, through the undersigned attorney, and very respectfully states and prays as follows:

- 1.The debtor is hereby submitting ***Amended Schedules "I" and "J"***, dated May 10, 2016, herewith and attached to this motion.
- 2.This amendment to Schedules "I" and "J" are filed to state debtor's current monthly income and expenses.

**NOTICE PURSUANT TO LOCAL BANKRUPTCY RULE 1009(b)**

Within thirty (30) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the Clerk's office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the Court, the interest of justice requires otherwise.

Page -2-  
Notice of Amended Schedules "I" & "J"  
Case no. 15-08811 MCF7

**CERTIFICATE OF SERVICE**

I CERTIFY, that on this same date a copy of this Notice was filed with the Clerk of the Court using the CM/ECF system which will send notice of same to the Chapter 7 Trustee, the US Trustee's Office, and all CM/ECF participants; I also certify that a copy of this notice was sent via regular US mail to the debtor and to all creditors and interested parties appearing in the master address list, hereby attached.

**RESPECTFULLY SUBMITTED.** In San Juan, Puerto Rico, this 10<sup>th</sup> day of May, 2016.

*/s/Roberto Figueroa Carrasquillo*  
ROBERTO FIGUEROA CARRASQUILLO  
USDC #203614  
RFIGUEROA CARRASQUILLO LAW OFFICE PSC  
ATTORNEY FOR PETITIONER  
PO BOX 186 CAGUAS PR 00726  
TEL NO 787-744-7699 FAX 787-746-5294  
Email: [rfigueroa@rfclawpr.com](mailto:rfigueroa@rfclawpr.com)

Fill in this information to identify your case:	
Debtor 1	<u>TILZA KAMALISH SANTOS SIERRA</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>DISTRICT OF PUERTO RICO</u>
Case number (if known)	<u>3:15-bk-8811</u>

Check if this is:

- ☒ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

## Official Form 106I

### Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☒ Employed  
☐ Not employed

Nurse

Hospital Menonita Caguas

PO Box 6660  
Caguas, PR 00726

11 months

Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

Accountant

Hospital HIMA-San Pablo

Box 4980  
Caguas, PR 00726

1 years and 3 months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>1,925.95</u>	\$ <u>1,348.87</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>1,925.95</u>	\$ <u>1,348.87</u>

Debtor 1 **SANTOS SIERRA, TILZA KAMALISH**

Case number (if known) **3:15-bk-8811**

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ <b>1,925.95</b>	\$ <b>1,348.87</b>

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>165.56</b>	\$ <b>114.16</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>6.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: <b>Life Ins</b>	5h. \$ <b>1.50</b>	\$ <b>0.00</b>
<b>FAMILIAR FARM</b>	\$ <b>0.00</b>	\$ <b>77.37</b>
<b>DISABILITY</b>	\$ <b>0.00</b>	\$ <b>1.86</b>
<b>HC Acciones</b>	\$ <b>0.00</b>	\$ <b>10.83</b>
<b>HC AHORROS</b>	\$ <b>0.00</b>	\$ <b>36.38</b>
<b>401K</b>	\$ <b>0.00</b>	\$ <b>44.20</b>

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6.	\$ <b>173.06</b>	\$ <b>284.80</b>
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7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7.	\$ <b>1,752.89</b>	\$ <b>1,064.07</b>
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8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: <b>Christmas Bonus \$800/12</b> <b>Christmas Bonus \$600.00/12</b>	8h. \$ <b>66.67</b>	\$ <b>50.00</b>

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9.	\$ <b>66.67</b>	\$ <b>50.00</b>
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10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10.	\$ <b>1,819.56</b>	+	\$ <b>1,114.07</b>	=	\$ <b>2,933.63</b>
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11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: 11. +\$ **0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ **2,933.63**

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain:

Fill in this information to identify your case:	
Debtor 1	<u>TILZA KAMALISH SANTOS SIERRA</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the:	<u>DISTRICT OF PUERTO RICO</u>
Case number (If known)	<u>3:15-bk-8811</u>

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

14

☐ No

☒ Yes

Daughter

11

☐ No

☒ Yes

Son

9

☐ No

☒ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses
---------------

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 80.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **SANTOS SIERRA, TILZA KAMALISH**

Case number (if known) **3:15-bk-8811**

<p>6. <b>Utilities:</b></p> <p>6a. Electricity, heat, natural gas</p> <p>6b. Water, sewer, garbage collection</p> <p>6c. Telephone, cell phone, Internet, satellite, and cable services</p> <p>6d. Other. Specify: <u>Gas</u></p> <p>7. <b>Food and housekeeping supplies</b></p> <p>8. <b>Childcare and children's education costs</b></p> <p>9. <b>Clothing, laundry, and dry cleaning</b></p> <p>10. <b>Personal care products and services</b></p> <p>11. <b>Medical and dental expenses</b></p> <p>12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.</p> <p>13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b></p> <p>14. <b>Charitable contributions and religious donations</b></p> <p>15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.</p> <p>15a. Life insurance</p> <p>15b. Health insurance</p> <p>15c. Vehicle insurance</p> <p>15d. Other insurance. Specify: _____</p> <p>16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____</p> <p>17. <b>Installment or lease payments:</b></p> <p>17a. Car payments for Vehicle 1</p> <p>17b. Car payments for Vehicle 2</p> <p>17c. Other. Specify: _____</p> <p>17d. Other. Specify: _____</p> <p>18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b></p> <p>19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____</p> <p>20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b></p> <p>20a. Mortgages on other property</p> <p>20b. Real estate taxes</p> <p>20c. Property, homeowner's, or renter's insurance</p> <p>20d. Maintenance, repair, and upkeep expenses</p> <p>20e. Homeowner's association or condominium dues</p> <p>21. <b>Other: Specify: <u>Non-Filing Spouse Expenses</u></b> <b><u>Offering/Tithe (Debtor &amp; Non-Filing Spouse)</u></b> <b><u>Barber &amp; Beauty</u></b></p> <p>22. <b>Calculate your monthly expenses</b></p> <p>22a. Add lines 4 through 21.</p> <p>22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2</p> <p>22c. Add line 22a and 22b. The result is your monthly expenses.</p> <p>23. <b>Calculate your monthly net income.</b></p> <p>23a. Copy line 12 (your combined monthly income) from Schedule I.</p> <p>23b. Copy your monthly expenses from line 22c above.</p> <p>23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i>.</p> <p>24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Explain here: _____</p>	<table border="0"> <tr><td>6a. \$</td><td style="text-align: right;">130.00</td></tr> <tr><td>6b. \$</td><td style="text-align: right;">80.00</td></tr> <tr><td>6c. \$</td><td style="text-align: right;">311.00</td></tr> <tr><td>6d. \$</td><td style="text-align: right;">40.00</td></tr> <tr><td>7. \$</td><td style="text-align: right;">600.63</td></tr> <tr><td>8. \$</td><td style="text-align: right;">220.00</td></tr> <tr><td>9. \$</td><td style="text-align: right;">90.00</td></tr> <tr><td>10. \$</td><td style="text-align: right;">95.00</td></tr> <tr><td>11. \$</td><td style="text-align: right;">20.00</td></tr> <tr><td>12. \$</td><td style="text-align: right;">317.00</td></tr> <tr><td>13. \$</td><td style="text-align: right;">90.00</td></tr> <tr><td>14. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>15a. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>15b. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>15c. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>15d. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>16. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>17a. \$</td><td style="text-align: right;">410.00</td></tr> <tr><td>17b. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>17c. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>17d. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>18. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>19. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>20a. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>20b. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>20c. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>20d. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>20e. \$</td><td style="text-align: right;">0.00</td></tr> <tr><td>21. +\$</td><td style="text-align: right;">140.00</td></tr> <tr><td>+\$</td><td style="text-align: right;">260.00</td></tr> <tr><td>+\$</td><td style="text-align: right;">50.00</td></tr> </table> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table border="0" style="width: 100%;"> <tr><td>\$</td><td style="text-align: right;">2,933.63</td></tr> <tr><td>\$</td><td style="text-align: right;">2,933.63</td></tr> </table> </div> <table border="0"> <tr><td>23a. \$</td><td style="text-align: right;">2,933.63</td></tr> <tr><td>23b. -\$</td><td style="text-align: right;">2,933.63</td></tr> </table> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table border="0" style="width: 100%;"> <tr><td>23c. \$</td><td style="text-align: right;">0.00</td></tr> </table> </div>	6a. \$	130.00	6b. \$	80.00	6c. \$	311.00	6d. \$	40.00	7. \$	600.63	8. \$	220.00	9. \$	90.00	10. \$	95.00	11. \$	20.00	12. \$	317.00	13. \$	90.00	14. \$	0.00	15a. \$	0.00	15b. \$	0.00	15c. \$	0.00	15d. \$	0.00	16. \$	0.00	17a. \$	410.00	17b. \$	0.00	17c. \$	0.00	17d. \$	0.00	18. \$	0.00	19. \$	0.00	20a. \$	0.00	20b. \$	0.00	20c. \$	0.00	20d. \$	0.00	20e. \$	0.00	21. +\$	140.00	+\$	260.00	+\$	50.00	\$	2,933.63	\$	2,933.63	23a. \$	2,933.63	23b. -\$	2,933.63	23c. \$	0.00
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<b>Fill in this information to identify your case:</b>			
Debtor 1	<u>TILZA KAMALISH SANTOS SIERRA</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<u></u>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF PUERTO RICO</u>		
Case number (if known)	<u>3:15-bk-8811</u>		

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?


☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

  
TILZA KAMALISH SANTOS SIERRA  
Signature of Debtor 1

X

\_\_\_\_\_  
Signature of Debtor 2

Date May 10, 2016

Date \_\_\_\_\_

Label Matrix for local noticing  
0104-3  
Case 15-08811-MCF7  
District of Puerto Rico  
Old San Juan  
Tue May 10 14:29:58 AST 2016

FIRSTBANK PR  
RAFAEL GONZALEZ VALIENTE ESQ  
PO BOX 9022512  
SAN JUAN, PR 00902-2512

UNITED STATES TRUSTEE  
500 TANCA ST STE 301  
SAN JUAN, PR 00901-1922

US Bankruptcy Court District of P.R.  
Jose V Toledo Fed Bldg & US Courthouse  
300 Recinto Sur Street, Room 109  
San Juan, PR 00901-1964

AAA  
604 Barbosa Ave.  
Hato Rey, PR 00917-4388

AEE  
PO Box 363508  
San Juan, PR 00936-3508

ASOC DE PROP DE PALMA ROYALE INC  
PO BOX 4133  
BAYAMON, PR 00958-1133

ASOCIACION DE PROPIETARIOS  
DE PALMA ROYALE INC  
PO BOX 4069  
BAYAMON PR 00958-1069

Att Services  
103 Ortegón St  
Guaynabo, PR 00966-2505

BANCO POPULAR DE PUERTO RICO  
BANKRUPTCY DEPARTMENT  
PO BOX 366818  
SAN JUAN PR 00936-6818

Cintrón Flores Law Offices  
PO Box 4133  
Bayamon, PR 00958-1133

Empresas Berrios Inc  
P.o. Box 674  
Cidra, PR 00739-0674

Fia Card Services N.a. / Bank  
120 Corporate Blvd Ste 1  
Norfolk, VA 23502-4962

Firstbank Puerto Rico  
PO Box 9146  
San Juan, PR 00908-0146

Frau & Asociados  
PO Box 331150  
Ponce, PR 00733-1150

Hsbc Bank Nevada N.a.  
2365 Northside Dr Ste 30  
San Diego, CA 92108-2709

ILCA COLLECTION AGENCY INC  
PO BOX 362211  
SAN JUAN, PR 00936-2211

LVNV Funding, LLC its successors and assigns  
assignee of North Star Capital  
Acquisition LLC  
Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29603-0587

Midland Credit Management, Inc. as agent for  
Midland Funding LLC  
PO Box 2011  
Warren, MI 48090-2011

Midland Funding  
2365 Northside Dr Ste 30  
San Diego, CA 92108-2709

Portfolio Recovery Ass  
120 Corporate Blvd Ste 1  
Norfolk, VA 23502-4962

MONSITA LECAROS ARRIBAS  
OFFICE OF THE US TRUSTEE (UST)  
OCHOA BUILDING  
500 TANCA STREET SUITE 301  
SAN JUAN, PR 00901

NOREEN WISCOVITCH RENTAS  
PMB 136  
400 CALAF STREET  
SAN JUAN, PR 00918-1314

ROBERTO FIGUEROA CARRASQUILLO  
PO BOX 186  
CAGUAS, PR 00726-0186

TILZA KAMALISH SANTOS SIERRA  
URB PALMA ROYALE  
133 RUBELINI STREET  
LAS PIEDRAS, PR 00771-3469

End of Label Matrix  
Mailable recipients 24  
Bypassed recipients 0  
Total 24